



SAN JOAQUIN
—COUNTY—
Greatness grows here.

Environmental Health Department

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February 13, 2018

System No. 3900721

Chila Properties Corp
Woodbridge Mobile Estates Water System
5392 Amy Ave
Garden Grove, CA 92845

Water System: Woodbridge Mobile Estates, 18645 N Lower Sacramento Rd., Woodbridge, CA

CITATION NO. 01_69_18C_008
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
FOR JANUARY 2018

Enclosed is a Citation issued to the Woodbridge Mobile Estates (hereinafter "Woodbridge Mobile Estates") public water system.

The Woodbridge Mobile Estates will be billed at the San Joaquin County Environmental Health Department's (hereinafter "EHD") hourly rate (currently at \$152 per hour) for the time spent on issuing this Citation. California Health and Safety Code, Section 116595, provides that a public water system must reimburse the local primacy agency (EHD) for actual costs incurred by the EHD for specified enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation.

Any person who is aggrieved by a citation issued by the EHD may file a petition with the State Water Resources Control Board (State Water Board) for reconsideration of the citation. Petitions must be received by the State Water Board within 30 calendar days of the issuance of the citation. The date of issuance is the date when the EHD mails or serves a copy of the citation, whichever occurs first. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. Information regarding filing petitions may be found at: http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please contact Frank Girardi, Lead Senior REHS of my staff at 209-953-7868.

Sincerely,

A handwritten signature in black ink that reads "Linda Turkatte".

Linda Turkatte, REHS, Director
San Joaquin county Environmental Health Department

Enclosures

cc: SWRCB – Stockton District, 31 E. Channel Street, Room 270, Stockton CA 95202

1868 E. Hazelton Avenue | Stockton, California 95205 | T 209 468-3420 | F 209 464-0138 | www.sjcehd.com

Citation No. 01_69_18C_008

COUNTY OF SAN JOAQUIN
ENVIRONMENTAL HEALTH DEPARTMENT
DRINKING WATER PROGRAM

Name of Public Water System: Woodbridge Mobile Estates

Water System No: 3900721

Attention: Chila Properties Corp
Woodbridge Mobile Estates Water System
5392 Amy Ave
Garden Grove, CA 92845

Issued: February 13, 2018

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1
JANUARY 2018

The California Health and Safety Code (hereinafter "CHSC"), Section 116330 allows the State Water Resources Control Board (hereinafter "State Board") to delegate primary responsibility for the administration and enforcement of the Safe Drinking Water Act (hereinafter "SDWA") to the San Joaquin County Environmental Health Department (hereinafter "EHD") for public water systems located in San Joaquin County. CHSC Section 116650 authorizes the EHD to issue a citation to a public water system

1 when the EHD determines that the public water system has violated or is
2 violating the SDWA, (CHSC, Division 104, Part 12, Chapter 4, commencing
3 with Section 116270), or any regulation, standard, permit, or order issued or
4 adopted thereunder.

5
6 The EHD hereby issues this citation pursuant to Section 116650 of the
7 CHSC to the Woodbridge Mobile Estates Water System (hereinafter
8 "Woodbridge Mobile Estates") for violation of CHSC, Section 116555(a)(1)
9 and California Code of Regulations (hereinafter "CCR"), Title 22, Section
10 64426.1.

11 12 **STATEMENT OF FACTS**

13 The Woodbridge Mobile Estates is classified as a Community water system
14 with a population of 110, serving 37 connections. The EHD received
15 laboratory results for (5) bacteriological samples collected during January
16 2018 from the Woodbridge Mobile Estates. All samples were analyzed for
17 the presence of total coliform bacteria. Three (3) of the (5) samples
18 analyzed were positive for total coliform bacteria. None of the total coliform
19 positive samples showed the presence of fecal coliform or *Escherichia coli*
20 (*E. coli*) bacteria.

21 22 **DETERMINATION**

23 CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level
24 (MCL) states that a public water system is in violation of the total coliform
25 MCL if it collects fewer than 40 bacteriological samples per month and if
26 more than one sample collected during any month is total coliform-positive.
27

1 The Woodbridge Mobile Estates took fewer than 40 bacteriological samples
2 during January 2018. The results of (1) routine sample and (2) repeat
3 samples were total coliform positive. Therefore, the EHD has determined
4 that the Woodbridge Mobile Estates violated CCR, Title 22, Section 64426.1
5 during January 2018.

6 7 **DIRECTIVES**

8 The Woodbridge Mobile Estates is hereby directed to take the following
9 actions:

- 10
11 1. Comply with CCR, Title 22, Section 64426.1, in all future monitoring
12 periods.
- 13
14 2. On or before February 28, 2018, notify all persons served by the
15 Woodbridge Mobile Estates of the violation of Section 64426.1, in
16 conformance with CCR, Title 22, Sections 64463.4(b)&(c) and 64465.
17 Appendix 1: Notification Template shall be used to fulfill this directive,
18 unless otherwise approved by the EHD.
- 19
20 3. Complete Appendix 2: Compliance Certification Form. Submit it
21 together with a copy of the public notification to the EHD on or before
22 February 28, 2018.
- 23
24 4. Submit the information required by CCR, Title 22, Section
25 64426(b)(2) on or before February 28, 2018. Appendix 3: Positive
26 Total Coliform Investigation may be used to fulfill this directive.
27

1 5. Pursuant to CCR, Title 22, Section 64424(d), collect and have
2 analyzed for total coliform bacteria five (5) routine bacteriological
3 samples on or before February 28, 2018.

4
5 6. Pursuant to CCR, Title 22, Section 64469(a), submit analytical results
6 of all sample analyses completed in a calendar month to the EHD no
7 later than the tenth day of the following month.

8
9 All submittals required by this Citation shall be submitted to the EHD at the
10 following address:

11
12 San Joaquin County Environmental Health Department
13 Small Public Water Systems Program
14 1868 E. Hazelton Avenue
15 Stockton, CA 95205
16 Fax: (209) 464-0138
17

18 The EHD reserves the right to make such modifications to this Citation as it
19 may deem necessary to protect public health and safety. Such
20 modifications may be issued as amendments to this Citation and shall be
21 effective upon issuance.

22
23 Nothing in this Citation relieves the Woodbridge Mobile Estates of its
24 obligation to meet the requirements of the California SDWA (CHSC, Division
25 104, Part 12, Chapter 4, commencing with Section 116270), or any
26 regulation, standard, permit or order issued or adopted thereunder.
27
28

1 Appendices (3):

- 2 1. Notification Template and Instructions
- 3 2. Compliance Certification Form
- 4 3. Positive Total Coliform Investigation Report Form

5

APPENDIX 1. NOTIFICATION TEMPLATE

Instructions for Tier 2 Unresolved Total Coliform Notice Template

Template Attached

Since exceeding the total coliform bacteria maximum contaminant level is a Tier 2 violation, you must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.4(b)]. Persistent total coliform problems can be serious. **Each water system required to give public notice must submit the notice to the Department for approval prior to distribution or posting, unless otherwise directed by the Department [64463(b)].**

Notification Methods

You must use the methods summarized in the table below to deliver the notice to consumers. If you mail, post, or hand deliver, print your notice on letterhead, if available.

<i>If You Are a...</i>	<i>You Must Notify Consumers by...</i>	<i>...and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method...</i>
Community Water System [64463.4(c)(1)]	Mail or direct delivery ^(a)	Publication in a local newspaper
		Posting ^(b) in public places served by the water system or on the Internet
		Delivery to community organizations
Non-Community Water System [64463.4(c)(2)]	Posting in conspicuous locations throughout the area served by the water system ^(b)	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting ^(b) on the Internet or intranet
		Direct delivery to each customer

(a) Notice must be distributed to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system.

(b) Notice must be posted in place for as long as the violation or occurrence continues, but in no case less than seven days.

The notice attached is appropriate for the methods described above. However, you may wish to modify it before using it for posting. If you do, you must still include all the required elements and leave the health effects and notification language in italics unchanged. This language is mandatory [64465].

Multilingual Requirement

Spanish. Each public notice must contain information in Spanish regarding (1) the importance of the notice or (2) contain a telephone number or address where Spanish-speaking residents may contact the water system to obtain a translated copy of the public notice or assistance in Spanish.

Non-English Speaking Groups Other than Spanish-Speaking. For each group that exceeds 1,000 residents or 10% of the residents in the community served, whichever is less, the public notice must (1) contain information in the appropriate language(s) regarding the importance of the notice or (2) contain a telephone number or address where such residents may contact the water system to obtain a translated copy of the notice or assistance in the appropriate language.

Population Served

APPENDIX 1. NOTIFICATION TEMPLATE

Make sure it is clear who is served by your water system -- you may need to list the areas you serve.

Description of the Violation

The description of the violation and the MCL vary depending on the number of samples you take. The following table should help you complete the second paragraph of the template.

<u>If You Take Fewer Than 40 Samples a Month</u>	<u>If You Take 40 or More Samples a Month</u>
State the number of samples testing positive for coliform. The standard is that no more than one sample per month may be positive.	State the percentage of samples testing positive for coliform. The standard is that no more than 5.0 percent of samples may test positive each month.

Corrective Action

In your notice, describe corrective actions you are taking. If you know what is causing the coliform problem, explain this in the notice. Listed below are some steps commonly taken by water systems with a total coliform violation. Use one or more of the following actions, if appropriate, or develop your own:

- "We are chlorinating and flushing the water system."
- "We are increasing sampling for coliform bacteria."
- "We are investigating the source of contamination."
- "We are repairing the wellhead seal."
- "We are repairing the storage tank."
- "We will inform you when additional samples show no coliform bacteria."

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the Department within ten days after you issue the notice [64451(d)]. You should also issue a follow-up notice in addition to meeting any repeat notice requirements the Department sets.

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately.

It is a good idea to issue a "problem corrected" notice when the violation is resolved.

APPENDIX 1. NOTIFICATION TEMPLATE

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

Woodbridge Mobile Estates Water System Has Levels of Coliform Bacteria Above the Drinking Water Standard During January 2018

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. We took (5) samples to test for the presence of coliform bacteria during **January 2018**. Three (3) of those samples showed the presence of total coliform bacteria. The standard is that no more than one sample per month may show the presence of coliform bacteria.

What should I do?

- **You do not need to boil your water or take other corrective actions.** If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.** If we had, we would have notified you immediately. However, we are still finding coliforms in the drinking water.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.

What happened? What is being done? We inspected the well, storage tanks and water lines, which revealed: _____

_____. We will inform you when our sampling shows that no bacteria are present. We anticipate resolving the problem within _____. For more information, please contact _____ at _____ or _____

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements: Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

I (We) declare under penalty of perjury that the statements on this application are correct to my (our) knowledge and the actions taken to notify the users of this water system are in compliance with California Code of Regulations (CCR), for exceeding the Maximum Contaminant Level for Total Coliform bacteria.

This notice is being sent to you by _____ Signature: _____

APPENDIX 2. COMPLIANCE TEMPLATE

Citation Number: 01_69_18C_008

Name of Water System: Woodbridge Mobile Estates

System Number: 3900721

Certification

I certify that the users of the water supplied by this water system were notified of the bacteriological violation of California Code of Regulations, Title 22, Section 64426.1 for the compliance period of January 2018 and that public notification was completed on

(date completed)

Signature of Water System Representative

Date

Attach a copy of the public notice distributed to the water system's customers

THIS FORM MUST BE COMPLETED AND RETURNED TO THE EHD, SPWS PROGRAM, NO LATER THAN February 28, 2018

Disclosure: Be advised that the California Health and Safety Code, Sections 116725 and 116730 state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the Safe Drinking Water Act may be liable for, respectively, a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation or, for continuing violations, for each day that violation continues, or be punished by a fine of not more than \$25,000 for each day of violation, or by imprisonment in the county jail not to exceed one year, or by both the fine and imprisonment.

Please fax completed form to: (209) 464-0138, Attn: SPWS Program

APPENDIX 3. POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in providing the information required by California Code of Regulations, Title 22, Section 64426(b). Its use is not required and the contents may be modified. An electronic copy is available at: http://www.swrcb.ca.gov/drinking_water/certific/drinkingwater/Lawbook.shtml

ADMINISTRATIVE INFORMATION

City Name:	Name	System Address & Email	Telephone Number
W/SID NUMBER:			
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
System Owner			
Certified Laboratory for Microbiological Analyses			
Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
Inspect each well head for physical defects and report						
a. Is raw water sample tap upstream from point of disinfection?						
b. Is wellhead vent pipe screened?						
c. Is wellhead seal watertight?						
d. Is well head located in pit or is any piping from the wellhead submerged?						
e. Does the ground surface slope towards well head?						
f. Is there evidence of standing water near the wellhead?						
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)						
h. Is the wellhead secured to prevent unauthorized access?						
i. To what treatment plant (name) does this well pump?						
j. How often are raw water total coliform (TC) samples taken and analyzed?						
k. Provide the date and result of the last TC test at this location						
Inspect and review records for surface water source (if applicable)						
a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe)						

TREATMENT

	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
If you provide continuous chlorination treatment was there any equipment failure?						
a. Did the distribution system maintain chlorine residual?						
b. Was emergency chlorination initiated? If yes, for how long?						
c. Did the distribution system lose chlorine residual?						
If you do not provide routine chlorination, was emergency chlorination initiated?						
If Yes, when?						
Inspect each point where disinfectant is added and report						
a. Is the disinfectant feed pump feeding disinfectant?						
b. What is the feed rate of disinfectant in ml/minute?						

APPENDIX 3. POSITIVE TOTAL COLIFORM INVESTIGATION

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TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)						
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)						
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?						
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?						
g. What is the total chlorine residual measured immediately downstream from the point of application?						
h. What is the free chlorine residual measured immediately downstream from the point of application?						
i. What is the contact time in minutes from the point of disinfectant application to the first customer?						

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
What is the height of the sample tap above grade? (inches)				
Is the sample tap located in an exterior location or is it protected by an enclosure?				
Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?				
Is the sample tap in good condition, free of leaks around the stem or packing?				
Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?				
Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).				
Is this sample tap designated on the sampling plan submitted with this information request?				
What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?				

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STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
Is each tank locked to prevent unauthorized access?						
Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?						
Is there overflow on each tank screened?						
Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?						
Is the roof/cover of the tank sealed and free of any leaks?						
Is the tank above ground or buried?						
a. If buried or partially buried, are there provisions to direct surface water away from the site.						
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?						
Does the tank "float" on the distribution system or are there separate inlet and outlet pipes?						
What is the measured chlorine residual (total/free) of the water exiting the storage tank today?						
What is the volume of the storage tank in gallons?						
Is the tank baffled?						
Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?						

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
What is the minimum pressure you are maintaining in the distribution system?	
Did pressure in the distribution system drop to less than 5 psi prior to positive bacti?	
Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.	
Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
If there was a mainline leak, when was it repaired?	
On what date was the distribution system last flushed?	
Is there a written flushing procedure you can provide for our review?	
Do you have an active cross-connection control program?	
What is name & phone number of your Cross-Connection Control Program Coordinator?	
Is the review and testing of backflow prevention devices current?	
On what date was the last physical survey of the system done to identify cross-connections?	

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BOOSTER STATION	Response
Do you have a booster pump? How many?	
Do you have a standby booster pump if the main pump fails?	
Prior to bacteriological quality problems, did your booster pump fail?	
Do you notice standing water, leakage at the booster station?	

GENERAL OPERATIONS:	Response
Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
Were there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
Does the system have backup power or elevated storage?	
During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
What were the symptoms of illness if you received complaints about customers being sick?	

ADDITIONAL INFORMATION THAT MAY BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the Water Board
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.
5. Updated source water assessment(s) (DWSAP) if there have been changes to well construction or potentially contaminating activities (PCA list) since last inspection.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM THE PUBLIC WATER SYSTEM?

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CERTIFICATION: I CERTIFY UNDER PENALTY OF LAW, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THAT THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPENDIX ARE TRUE, ACCURATE AND COMPLETE.

ME: _____ TITLE: _____ DATE: _____